BEST AVAILABLE COPY

| | | Application of Docket Number | | | | | |
|---|---------------------------|------------------------------|---------------|--------------------------|----------|---------------------|------------------------|
| PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000 09/698 739 | | | | | | | 39 |
| CLAIMS AS FILED - PART I (Column 1) | | (Column 2) | SMALI TYPE | ENTITY | OR | OTHER SMALL | |
| TOTAL CLAIMS 74 | | | RAT | E FEE | | RATE | FEE |
| FOR | NUMBER FILED NUMBER EXTRA | | BASIC | FEE 355.00 | OR | BASIC FEE | 710.00 |
| TOTAL CHARGEABLE CLAIMS | 2G minus 20= | • \$6 | X\$ 9 |)= | OR | X\$18= | 108 |
| NDEPENDENT CLAIMS 1/4 minus 3 = 1/4 | | · U | X40 | X40= | | X80= | 860 |
| MULTIPLE DEPENDENT CLAIM PRÈSENT | | | +13! | +135= | | | |
| * If the difference in column 1 is less than zero, enter "0" in column 2 | | | TOT | | OR | | 16098 |
| CLAIMS AS AMENDED - PART II | | | | | | OTHER | |
| -15-03 (Column 1) | (Colu | mn 2) (Column 3) IEST 1 | SWA | LL ENTITY | OR | SMALL | |
| | NUM | BER PRESENT OUSLY EXTRA | RAT | _ | | RATE | ADDI- TIONAL |
| Total AMENDMENT | Minus ** | FOR 1 | | FEE | | VOAC | FEE |
| REMAINING AFTER AMENDMENT Total | Minus ••• / | | X\$ 9 | | OR | X\$18= | <u> </u> |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | X40 | = | OR | X86≥ | |
| | | | +135 | j= | OR | 2270= | |
| 10.11/23 | | | TO ADDIT. | TAL FEE | OR | TOTAL ADDIT, FEE | |
| ADDIT. FEE ADDIT. FEE ADDIT. FEE ADDIT. FEE | | | | | | | / |
| m REMAINING | NUM PREV | MBER PRESENT OUSLY EXTRA | RAT | ADDI- E TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| AFTER AMENDMENT Total | Minus •• 2 | 6. = 7 | X\$ 9 | | OR | X\$18= ` | |
| Independent • 4 | Minus ••• | 4 = 0 | X40 | = | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT/CLAIM | | | | | 1 | +270=/ | |
| | | , | +135 | TAL | OR | TØTAL | <u> </u> |
| | | | ADDIT. | | OR | ADDYT. FEE | <u> </u> |
| (Column 1) | | mn 2) (Column 3) HEST | 1 | | a | | |
| O REMAINING | NUN | ABER PRESENT OUSLY EXTRA | RAT | ADDI- E TIONAL | | RATE | ADDI- TIONAL |
| AMENDMENT | | FOR | | FEE | | 141.2 | ₃FEE |
| AFTER AMENDMENT Total Independent • | Minus ** | = | X\$ 9 |) _ | OR | X\$18= | ω λ |
| Independent • | Minus *** | = | X40 | = | OR | X80= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +135= OR +270= | | | | | | | 12 |
| If the entry in column 1 is less than the entry in column 2, write "0" in column 3. | | | | | OR | TOTAL | |
| ""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE | | | | | 8 | ADDIT. FEE | L |
| The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | |